

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000115014

1. Entity Name
LARGO GROUP, LLC.



Principal Place of Business
10040 SW 33 STREET
MIAMI, FL 33165 US

Mailing Address
10040 SW 33 STREET
MIAMI, FL 33165 US



04012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0855041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J ESQ
7050 SW 86 AVENUE
MIAMI, FL 33143

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VIDAL, JOSE
83 LAKESHORE DRIVE
KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOMEZ, JESUS M
10040 SW 33 STREET
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAMIREZ, YAZMINA
6917 COLLINS AVENUE, APT 1210
MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000892558
04/23/08-80071-015 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/08

305-876-8444